

HPV Vaccine: New Recommendation, and the Limits of the Forecaster

In October 2016, the Advisory Committee for Immunization Practices (ACIP) issued a change to the schedule for Human Papilloma Virus (HPV) vaccine. The original recommendation was for three doses over a 6 month period, with the first dose at age 11 years. The new recommendation is for a 2-dose schedule, 6 to 12 months apart, for adolescents who start the series **before the age of 15**. People who start the series at or after the age of 15 or are immunocompromised, should follow the original 3-dose schedule.

The IMR forecast for persons starting the HPV series before age 15 requires a 5-month minimum between dose 1 and 2, even if they were appropriately administered sooner in the past, under the previous guidelines. This 5 month minimal interval is consistent with the **current** CDC schedule.

If a patient received **two** doses of HPV before age 15, but the doses were closer than 5 months apart → they need another dose to be up to date. The IMR forecaster will correctly forecast this.

KNOWN ISSUE: these settings will incorrectly forecast an additional dose for persons who are under age 15 and received three doses, where either dose 1 and 2, or dose 2 and 3 are closer than 5 months apart. It will also consider those doses invalid.

If a patient received **three** doses of HPV before age 15, but the doses were closer than 5 months apart → they are UP TO DATE and DO NOT need another dose. The IMR forecaster is not able to correctly forecast this situation, and we are seeking a solution.

If you have an instance where a patient has received three doses of HPV and is not up to date according to the IMR forecaster, please refer to the more detailed guidance at the link below:

<https://www.cdc.gov/mmwr/volumes/65/wr/mm6549a5.htm>

You may also contact your immunization designee at the local district office, or contact the immunization program at AHS.VDHIimmunizationProgram@vermont.gov